Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form

(CRF)?::

No

Number of copies of CRF::

Title::

Attorney Docket Number::

01498.US1

Request for Early

Publication?::

No

Request for

Non-Publication?::

No

Suggested Drawing Figure:

Total Drawing Sheets::

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Application Data Sheet

Application Information

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Vincent

Middle Name:: Edward

Family Name:: Groppi

Name Suffix:: Jr.

City of Residence:: Kalamazoo

State or Province of Residence:: Michigan

Country of Residence:: USA

Street of mailing address:: 318 Sprague Avenue

City of mailing address:: Kalamazoo

State or Province of mailing address:: Michigan

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 49006

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Bruce

Middle Name:: Nelson

Family Name:: Rogers

Name Suffix::

City of Residence:: Mystic

State or Province of Residence:: Connecticut

Country of Residence:: USA

Street of mailing address:: 114 Ledgeland Drive

City of mailing address:: Mystic

State or Province of mailing address:: Connecticut

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 49024

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Applicant Authority Type:: Inventor **Primary Citizenship Country::** USA Status:: **Full Capacity** Given Name:: Daniel Middle Name:: G. Family Name:: Rudmann Name Suffix:: City of Residence:: **Fishers** State or Province of Residence:: Indiana Country of Residence:: USA Street of mailing address:: 10520 Chestnut Hill Circle City of mailing address:: **Fishers** State or Province of mailing address:: Indiana Country of mailing address:: **USA** Postal or Zip Code of mailing address:: 46038 **Applicant Authority Type::** Primary Citizenship Country:: Status:: Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 25533

Name:: Pharmacia & Upjohn Company

Street of mailing address:: Global Intellectual Property

301 Henrietta Street

City of mailing address:: Kalamazoo

State or Province of mailing address:: MI

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 49007

Phone number:: (269) 833-9500

Fax Number:: (269) 833 2316

E-Mail address::

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Representative Information

| Representative Customer | |
|-------------------------|-------|
| Number:: | 25533 |

| Representative Designation:: | Registration Number:: | Representative Name:: |
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